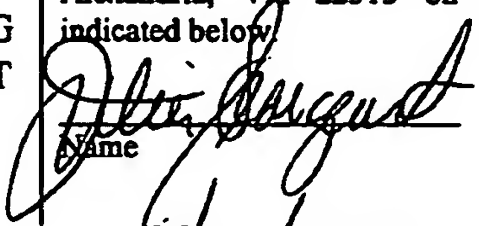




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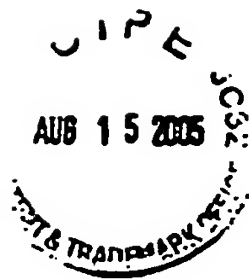
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Miller, et al.	CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8
SERIAL NO.:	10/014,741	I hereby certify under 37 CFR § 1.8 that this correspondence is being facsimile transmitted to the USPTO or being deposited with the United States Postal Service with sufficient postage as first class postage in an envelope addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313 on the date indicated below.  Name 8/11/2005 Date of Deposit
FILING DATE:	12/10/2001	
FOR:	METHOD FOR INCREASING THE BATTERY LIFE OF AN ALTERNATING CURRENT IONTOPHORESIS DEVICE USING A BARRIER-MODIFYING AGENT	
ART UNIT:	3763	
EXAMINER:	Williams, C.	
DOCKET NO.:	23804.CIP	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

In response to the Office Action mailed June 30, 2005, please enter this amendment and reconsider application in view of the remarks set forth herein.



Application Serial No. 10/014,741
Attorney Docket No. 23804.CIP

CONCLUSION

In view of the foregoing, Applicants believe that pending Claims 21-29, 34-35, 45, and 62-80 present allowable subject matter and allowance thereof is respectfully requested. It is noted that Claims 30-33, 36-44, and 46-61 remain withdrawn, but pending in the present application. The Examiner is invited to cancel such claims by Examiner's amendment in the event that he should allow Claims 21-29, 34-35, 45, and 62-80.

If any impediment to the entry of the present amendment and allowance of the claims in view thereof remains which could be removed during a telephone interview, the Examiner is invited to telephone the undersigned attorney, or in his absence, Mr. Wayne Western of this office, so that such issues may be resolved as expeditiously as possible.

Please charge any additional fees except for Issue Fee or credit any overpayment to Deposit Account No. 20-0100.

Dated this 11th day of August, 2005.

Respectfully submitted,

David W. Osborne
Attorney for Applicants
Reg. No. 44,989

M. Wayne Western
Attorney for Applicants
Reg. No. 22,788

Of:

Thorpe North & Western, LLP
8180 South 700 East, Suite 200
Sandy, UT 84070
Telephone: (801) 566-6633
Facsimile: (801) 566-0750

MWW/DWO/rb

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/014741

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	61	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	61 minus 20 =	41
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR
OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	369	OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	739	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 60	Minus ** 61	= -
Independent	* 5	Minus *** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=	200	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	200	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.